

KENTUCKY BOARD OF INTERPRETERS FOR THE DEAF AND HARD OF HEARING
P.O. BOX 1360
FRANKFORT, KY 40602
(502) 564-3296, EXT 237

APPLICATION FOR CONTINUING EDUCATION PROGRAM APPROVAL

1. _____
Name of Sponsoring Organization

2. _____
Street Address or PO Box

City State Zip Code County

3. _____
Area Code and Telephone Number (Days only)

4. _____
Name of Person Responsible Telephone Number

5. _____
Program Title # of Clock Hours Requested

6. _____
Program Site (Give complete address)

Program Date(s)

Please attach documentation of the following to this application:

- ☐ Published course or seminar description;
- ☐ Names and qualifications (Vitae/Resume) of the instructor(s);
- ☐ Copy of the program indicating hours of education;
- ☐ Coffee and lunch breaks; *PLEASE NOTE: One Continuing Education hour = 60 MINUTES*
- ☐ Official certificate or college transcript from the sponsoring agency or college if for an academic course.

7. **Please describe in detail the method to be used for disseminating information about your seminar to regional and/or statewide administrators; i.e., direct mail, advertisements, newspapers, newsletters, etc.**

8. **Programs requiring Board review and approval in advance should be submitted at least forty-five (45) days prior to the beginning date of the program.**

Applicant's Signature

Date

(Do not write below this line – Board use only)

BOARD REVIEW

☐ **Approved** ☐ **Denied** **Board Member:** _____ **Date:** _____

Comments: _____